

(IMPORTANT: Type or print; read instructions before completing form)



United States
Environmental Protection
Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number

80913FRTCRCOMMA

Toxic Chemical, Category or Generic Name
Copper

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center 2. APPROPRIATE STATE OFFICE
P.O.Box 1513 (See instructions in Appendix F)
Lanham, MD 20703-1513

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2003****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

Thomas L. Warren Director, DECAM

06/01/2004

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 80913FRTCRCOMMA

Facility or Establishment Name U.S. Army Fort Carson

Facility or Establishment Name or Mailing Address (if different from street address)

Street 1638 Elwell Street, Bldg 6236

Mailing Address NA

City/County/State/Zip Code Fort Carson El Paso CO 80913-4356

City/State/Zip Code Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☒ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name John Cloonan Telephone Number (include area code) (719) 526-8004

Email Address john.cloonan@carson.army.mil

4.4 Public Contact Name John Cloonan Telephone Number (include area code) (719) 526-8004

4.5 SIC Code (s) (4 digits) Primary a. 9711 b. c. d. e. f.

4.6 Latitude Degrees 38 Minutes 45 Seconds Longitude Degrees 104 Minutes 47 Seconds

4.7 Dun & Bradstreet Number(s) (9 digits) a. NA b. **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) a. CO2210020150 b. **4.9** Facility NPDES Permit Number(s) (9 characters) a. CO0021181 b. CO0034771 **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ U.S. Department of Defense

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number
DO NOT ENTER COM NA
Toxic Chemical, Category or Generic Name
Copper

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7440-50-8
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Copper
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA																	

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	04 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
5.2	Stack or point air emissions	NA <input checked="" type="checkbox"/>		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	Clover Ditch	0.5	M	NA
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA 13-RCR-0001A

Toxic Chemical, Category, or Generic Name

Copper

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3.A	RCRA Subtitle C Surface Impoundments	X		
5.5.3.B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
---	---

NA

6.1.B. 1

POTW Name NA

POTW Address

City

State

County

Zip

6.1.B.

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

All Alum. and Metals Recycling

Off-site Address

412 E. Cheyenne Road

City

Colorado Springs

State

CO

County

El Paso

Zip

80906

Country
(Non-US)

Is location under control of reporting facility or parent company?

Yes

X

No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA 13 FR ROOM #/

Toxic Chemical, Category, or Generic Name

Copper

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 60000	1. M	1. M24
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.) NA

Off-Site location Name Colorado Iron Metal Inc.

Off-site Address 1400 East Mulberry

City	Fort Collins	State	CO	County	Larimer	Zip	80524	Country (Non-US)
------	--------------	-------	----	--------	---------	-----	-------	---------------------

Is location under control of reporting facility or parent company?

☐ Yes ☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 74000	1. M	1. M24
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?	
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e	
	1				2
	3				4
	5		%	Yes No	
	6	7	8		
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e	
	1				2
	3				4
	5		%	Yes No	
	6	7	8		
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e	
	1				2
	3				4
	5		%	Yes No	
	6	7	8		
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e	
	1				2
	3				4
	5		%	Yes No	
	6	7	8		
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e	
	1				2
	3				4
	5		%	Yes No	
	6	7	8		

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM K

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

307107-TRI-COM v17.

Toxic Chemical, Category, or Generic Name

Copper

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)	
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	159600	134000	120000	120000
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0.5
8.9	Production ratio or activity index				0.84
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(IMPORTANT: Type or print; read instructions before completing form)



United States
Environmental Protection
Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number

80913FRTCRCOMMA

Toxic Chemical, Category or Generic Name
Nitrate compounds

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center 2. APPROPRIATE STATE OFFICE
P.O.Box 1513 (See instructions in Appendix F)
Lanham, MD 20703-1513

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 2003****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Thomas L. Warren Director, DECAM

Signature:

Date Signed:

06/01/2004

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 80913FRTCRCOMMA

Facility or Establishment Name U.S. Army Fort Carson

Facility or Establishment Name or Mailing Address (if different from street address)

Street 1638 Elwell Street, Bldg 6236

Mailing Address NA

City/County/State/Zip Code Fort Carson El Paso CO 80913-4356

City/State/Zip Code Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☒ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name John Cloonan Telephone Number (include area code) (719) 526-8004

Email Address john.cloonan@carson.army.mil

4.4 Public Contact Name John Cloonan Telephone Number (include area code) (719) 526-8004

4.5 SIC Code (s) (4 digits) Primary a. 9711 b. c. d. e. f.

4.6 Latitude Degrees 38 Minutes 45 Seconds Longitude Degrees 104 Minutes 47 Seconds

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) a. CO2210020150 **4.9** Facility NPDES Permit Number(s) (9 characters) a. CO0021181 **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA

b. b. CO0034771 b. CO0034771 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ U.S. Department of Defense

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number _____
 NO. OF MIXTURE COMPONENTS _____
 Toxic Chemical, Category or Generic Name _____
 Nitrate compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) N511																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Nitrate compounds																																		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA																																		
1.4	<p>Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA																																			

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	02 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions NA <input checked="" type="checkbox"/>			
5.2	Stack or point air emissions NA <input checked="" type="checkbox"/>			
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	Colver Ditch	24938	M	NA
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box _____
 and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

6313 RCRCOMIA

Toxic Chemical, Category, or Generic Name

Nitrate compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	X		
5.4.2 Underground Injection onsite to Class II-V Wells	X		
5.5 Disposal to land onsite			
5.5.1.A RCRA Subtitle C landfills	X		
5.5.1.B Other landfills	X		
5.5.2 Land treatment/application farming	X		
5.5.3.A RCRA Subtitle C Surface Impoundments	X		
5.5.3.B Other surface impoundments	X		
5.5.4 Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*)
(enter range code** or estimate)6.1.A.2 Basis of Estimate
(enter code)

NA

6.1.B. 1

POTW Name

NA

POTW Address

City

State

County

Zip

6.1.B.

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

NA

Off-site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

Yes

No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA 13-TRI R CODE #/

Toxic Chemical, Category, or Generic Name

Nitrate compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

Waste stream containing no toxic chemical or chemical category:																	
a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]						c. Range of Influent Concentration		d. Waste Treatment Efficiency Estimate		e. Based on Operating Data ?					
7A.1a		7A.1b		1		B11		2		B21		7A.1c		7A.1d		7A.1e	
W		3		P11		4		5		NA		03		90 %		Yes No	
		6				7		8								X	
7A.2a		7A.2b		1				2				7A.2c		7A.2d		7A.2e	
		3				4		5						%		Yes No	
		6				7		8									
7A.3a		7A.3b		1				2				7A.3c		7A.3d		7A.3e	
		3				4		5						%		Yes No	
		6				7		8									
7A.4a		7A.4b		1				2				7A.4c		7A.4d		7A.4e	
		3				4		5						%		Yes No	
		6				7		8									
7A.5a		7A.5b		1				2				7A.5c		7A.5d		7A.5e	
		3				4		5						%		Yes No	
		6				7		8									

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number _____
 30-digit TSCA COM ID# _____
 Toxic Chemical, Category, or Generic Name _____
 Nitrate compounds _____

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 _____

2 _____

3 _____

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	30176	24938	31000	32000
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	410985	339654	420000	430000
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	NA			
8.9	Production ratio or activity index	0.83			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>